

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

11 a.m., Thursday, May 25, 2017

Meeting Location: 2223 West Loop South, Room 532

Houston, TX 77027

AGENDA

- I. Call to Order
 - A. Moment of Reflection
 - B. Approval of Agenda
 - C. Approval of Minutes
 - D. Review three meeting tasks

Ella Collins-Nelson and
Paul Grunenwald, Co-Chairs

Tori Williams
- II. Public Comment

(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. **When signing in, guests are not required to provide their correct or complete names.** All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting.)
- III. New Business
 - A. FY 2017 RW Part A/MAI Notice of Grant Award
 - B. Reports from Administrative Agents – Parts A and B

Carin Martin
- IV. Priority Setting Process
 - A. Review the policy for setting priorities
 - B. REVISE FY17 Service Priorities using the FY14 Needs Assessment:

Emergency Financial Assistance & Referral for Health Care & Support Services

 - 1) Review new/additional documentation
 - 2) Review and adjust the FY17 needs assessment scores
 - 3) Public Comment – must be directly related to either the midpoints or the numerical ranking of a particular service
 - 4) Vote on the FY17 service priorities
 - C. Determine FY18 Service Priorities using the FY16 Needs Assessment:
 - 1) Determine the needs assessment scores
 - 2) Public Comment – must be directly related to either the midpoints or the numerical ranking of a particular service
 - 3) Vote on the FY18 service priorities

Yvette Garvin and
Amber Harbolt
- V. Old Business
 - A. Allocate FY17 Ryan White Part A unspent funds (\$108,780): 3 requests
 - B. Allocate FY17 State Services-R funds (\$975,000): 2 requests
 - C. Quarterly Committee Report

VI. Announcements

- 1) Special Committee Meetings: 2:30 – 4:30 pm, Mon., June 12, 2017
2:30 – 4:30 pm, Tues., June 13, 2017
2:30 – 4:30 pm, Wed., June 14, 2017
- 2) Vote on the FY18 Allocations: 1 a.m., **WED, June 21, 2017**
- 3) Public Hearing: 7 p.m., Mon., June 26, 2017 at the City Annex
- 4) Special Priority & Allocations Committee meeting: 11 a.m., Tues., June 27, 2017

VII. Adjourn

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

11:00 a.m., Thursday, April 27, 2017

Meeting Location: 2223 West Loop South, Room 532, Houston, Texas 77027

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Paul Grunenwald, Co-Chair	Angela F. Hawkins, excused	<i>The Resource Group</i>
Ella Collins-Nelson, Co-Chair	Peta-gay Ledbetter, excused	Yvette Garvin
C. Bruce Turner		Marcus Benoit
J. Hoxi Jones		
Krystal Shultz	OTHERS PRESENT	<i>Ryan White Grant Admin</i>
	Nancy Miertschin, HHS	Carin Martin
		Tasha Traylor
		Heather Keizman
		<i>Office of Support</i>
		Tori Williams
		Diane Beck

See the attached chart at the end of the minutes for individual voting information.

Call to Order: Paul Grunenwald, Co-Chair, called the meeting to order at 11:03 a.m. and asked for a moment of reflection.

Adoption of the Agenda: **Motion #1:** *it was moved and seconded (Turner, Collins-Nelson) to approve the agenda. Motion carried unanimously.*

Ella Collins-Nelson, Co-Chair, assumed the position of Chair for this portion of the meeting.

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Turner, Grunenwald) to approve the February 23, 2017 minutes with the following changes: Collins-Nelson was absent and delete Torrente's abstention to the minutes as she is not on the committee. Motion carried.*
Abstentions: Jones, Shultz.

Grunenwald resumed the position of Chair for the remainder of the meeting.

Public Comment: See attached. Nancy Miertschin, Harris Health System – she would like to share some information that may be helpful to the committee about the special idea for a Compassionate Care Program. In the past when they were unable to get a consumer on medications right away they did not worry about the timeframe to get them. Now, consumers are encouraged to start medications right away so case managers complete a form and the

compassionate care program sends them a package of all of their drugs within 5 days. If not for the compassionate care program, medications arrive separately over a three-week period which confuses the consumer and can cause them to take their medication improperly. She is not sure if the compassionate care program has approached other agencies about paying the administrative fee but it should be the same across the board. Just as it is cheaper to pay for health insurance than for care, it is cheaper to pay an administrative fee to the compassionate care program than to pay for the medications.

Old Business:

Updates on FY 2017 HRSA Grant Award: Martin stated that the final notice of grant award had not yet been received.

Ryan White Part B/State Services: Garvin presented the following reports:

- Part B Procurement dated 04/07/17
- DSHS Procurement dated 04/07/17
- Health Insurance Assist. Service Utilization, dated 04/05/17 & 03/06/17

FY 2018 How To Best Meet the Need Process

Control #1: Emergency Financial Assistance: Martin said that, if approved, this could be in the contracts with the final awards as part of LPAP. **Motion #3:** *it was moved and seconded (Turner, Collins-Nelson) to ask the Quality Improvement Committee to bundle this service with LPAP for FY 2017 and 2018. Motion carried unanimously.*

Control #4: Taxi Vouchers for vulnerable consumers: Martin found that this is already in the service definition. She will speak to the vendor about how the process works and educate agency staff on how to access the vouchers.

New Business

Allocate FY 2017 Unallocated funds: See attached requests for increased funding. Regarding the clinical case management request, Martin said that when the service was RFP'ed, her office received three bids for clinical case management. The two with the highest scores were funded. The Harris County Purchasing Department suggested that the Council consider funding the third agency who bid for the funds since \$125,000 is available. The committee did not feel that it was appropriate to consider funding the third RFP for clinical case management since that is a procurement issue and since the entire allocation, as determined by the Planning Council, was used to fund the top two bids.

After reviewing the attached requests for increased funding, **Motion #4:** *it was moved and seconded (Collins-Nelson, Jones) to fully fund the request from the Office of Support for Road to Success classes in the amount of \$16,220 and table Control numbers 1-3 until after the receipt of the final grant award. Motion carried unanimously.*

Motion #5: *it was moved and seconded (Jones, Collins-Nelson) to reject the request from Ryan White Grant Administration to consider funding three contracts for clinical case management. Motion carried unanimously.*

Allocate State Services-R Funds: See attached. Garvin said that the total cost of funding the compassionate care program and other details have not yet been ironed out.

Motion #6: *it was moved and seconded (Turner, Collins-Nelson) to table funding the compassionate care program and ADAP Service Linkage Workers until the May committee meeting when more information on the cost of the compassionate care program may be available. **Motion carried.***

Elect a Committee Vice Chair: **Motion #7:** *it was moved and seconded (Collins-Nelson, Jones) so appoint Ledbetter as the Vice Chair of the committee. **Motion carried unanimously.***

Announcements: Important Priority & Allocations Committee meetings: Determine FY 2018 Service Priorities - May 25, Special Meetings: 2:30 – 4:30 pm, Monday, June 12 through Wednesday, June 14, 2017, and approve FY 2018 Allocations 11:00 am, **Wednesday**, June 21, 2017.

Adjournment: The meeting adjourned at 12:33 p.m.

Submitted by:

Approved by:

Tori Williams, Director

Date

Committee Chair

Date

Scribe: Beck

C = chaired the meeting; VP – participated via telephone; LM - left meeting

2017 Priority & Allocations Committee Voting Record for 04/27/17

	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Bundle EFA w/LPAP Carried				Motion #4 R2S Funding Carried				Motion #5 Reject RWGA request Carried				Motion #6 Table SS-R until May Carried				Motion #7 Vice Chair Carried			
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Paul Grunenwald, Co-Chair				C		X						C				C				C				C				C
Ella Collins-Nelson, Co-Chair		X						C		X				X				X				X				X		
Angela F. Hawkins	X				X				X				X				X				X				X			
C. Bruce Turner		X				X				X				X				X				X				X		
J. Hoxi Jones		X						X		X				X				X					X			X		
Krystal Shultz		X						X		X				X				X				X				X		
Peta-gay Ledbetter	X				X				X				X				X				X				X			

PUBLIC COMMENT

As of 04-21-17

From Dr. Manjula Cherukuri, Avenue 360

We currently do not have Step 2 (an intermediary organization that coordinates applications to compassionate care medication programs) noted below. It would be helpful to have this program. There is currently significant delay in the state ADAP process resulting in multiple PAP requests on behalf of the client from our social workers and delay in patients receiving meds.

PS: We provide discount cards for patients that have medical insurance.

Thank you

Kind regards

Dr. C

(OVER FOR "STEP 2" REFERENCED ABOVE)

Williams, Victoria (County Judge's Office)

From: Williams, Victoria (County Judge's Office)
Sent: Friday, April 21, 2017 6:08 PM
To: Carol Edwards - Access Health
Cc: Yvette Garvin - work; Martin, Carin (PHES); Beck, Diane (County Judge's Office)
Subject: FW: RW Planning Council: Possible New Plan Re: Access to Medication
Attachments: img-421162818-0001.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

The Planning Council is concerned that new or returning-to-care patients may not be receiving medication in a timely fashion after receiving their first set of prescriptions from their HIV physician. To address this, the Council is looking at a 3 step plan which was developed at a workgroup meeting earlier this week. I am contacting you to make sure you are aware of this proposed plan and to encourage input, especially from community clinics and their front line staff:

Step 1: Use Ryan White Part A, B or State Services dollars to fund the first 14 days of medication, with an option to renew the prescription for a second 14 days, if necessary.

Step 2: Use State Services Drug Rebate funds to pay an intermediary to coordinate applications for the different compassionate care Rx programs. If approved for medication through a compassionate care Rx program, the patient could be eligible to receive medication for 6 - 12 months. This will ensure access to medication until ADAP eligibility has been determined. See attached for a more detailed description of Step 2. The name of the proposed intermediary agency has been removed which explains the blank spaces.

Step 3: ADAP approves the patient application and provides medication on an ongoing basis. Those who are not eligible for ADAP can apply to the Ryan White Part A and B funded Local Pharmacy Assistance Program for support.

The Council has had very little input from community based clinics regarding the proposed plan. And, if the Council decides to provide funds to contract with an intermediary organization to coordinate applications for the different compassionate care Rx programs, they feel that this service should be offered to all Ryan White funded clinics in the Houston area. Are community based clinics already using a service like this and, if not, would this service be useful to them? If local community based organizations are using such a service, are they being asked to pay for the service?

The Council welcomes any input you or your staff wish to provide regarding this proposed plan. Comments can be submitted to Tori Williams via return email, fax (713 572-3740) or in person. Please submit written comments at least 4 hours before a meeting and call to confirm receipt (713 572-3724). Comments will be reviewed at the following meetings, which will be held in the Ryan White Offices, 2223 W. Loop South, Houston, Texas 77027:

Priority and Allocations Committee Meeting - 11 am, Thursday, May 27, 2017, room 532 Quality Improvement Committee Meeting - 11 am, Thursday, May 18, 2017, room 532 Steering Committee Meeting, 12 noon, Thursday, June 1, 2017, room 240 Council Meeting, 12 noon, Thursday, June 8, 2017, room 532

As always, thank you for your valuable time.

With best wishes,

Tori

From: Lucas, Shelley (DSHS) <Shelley.Lucas@dshs.state.tx.us>
Sent: Friday, January 06, 2017 2:55 PM
To: Williams, Victoria (County Judge's Office)
Cc: ygarvin@hivtrg.org; Berkoff, Michelle (DSHS); Vazquez, Janina (DSHS)
Subject: FW: Question re: State Services Funding

Hey Tori,

I checked in with my resident SME, Michelle, and Janina Vazquez, our Part B manager. The upshot is that yes, you can use State Services dollars to support oral health premiums and vision premiums (if bundled with a medical plan), starting April 1, 2017. We will be updating our policy to reflect HRSA recent change's around allowing payment of these premiums.

Because this will be our first foray into paying for these premiums, we'd love to get any feedback you all have on implementation and tools to assess cost effectiveness as we develop our materials.

Thanks,
Shelley

Shelley Lucas, MPH
Manager, HIV/STD Prevention and Care Branch
Texas Department of State Health Services
P.O. Box 149347 (MC1873)
Austin, Texas 78714-9347
(512) 533-3109
Fax: (512) 533-3172

From: Berkoff, Michelle (DSHS)
Sent: Friday, January 06, 2017 9:42 AM
To: Lucas, Shelley (DSHS) <Shelley.Lucas@dshs.state.tx.us>; Vazquez, Janina (DSHS) <Janina.Vazquez@dshs.state.tx.us>
Subject: RE: Question re: State Services Funding

Hi Shelley,

Currently, we do not allow payment of vision-only plans with RW Health Insurance Premium & Cost Sharing Assistance funds (although if bundled with a health plan, it could be allowable). Dental-only plans are a little more complex. Historically, because HRSA excluded dental-only plans, DSHS did as well (although we were making plans to allow those under State Services funds in the future).

Last month, HRSA/HAB issued a notice that RW funds could be used to purchase dental-only plans effective for awards issued on or after October 1, 2016. So for Part B funds, that goes into effect 4/1/17.

Below is what HAB sent out in December:

"The HIV/AIDS Bureau (HAB) has updated *Policy Clarification Notice (PCN) #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds* to include the use of RWHPAP resources to support standalone dental insurance premiums and/or cost sharing assistance under the Health Insurance Premiums and Cost Sharing Assistance for Low-Income Individuals service category. HAB has also posted online a Dear Colleague Letter highlighting the updates to PCN #16-02.

The revised Health Insurance Premiums and Cost Sharing Assistance for Low-Income Individuals service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/ Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

Other Updates to PCN #16-02

- Removes the prohibition on RWHAP Parts C and D recipients to use RWHAP funds for Substance Abuse Services (residential);
- Clarifies how RWHAP funds can be used for provider transportation in the Program Guidance for Medical Transportation;
- Provides additional Program Guidance for RWHAP Parts A, C, and D recipients related to AIDS Drug Assistance Program Treatments;
- Adds a section describing updates; and
- Organizes the service categories in alphabetical order for easier reference.

PCN #16-02 is applicable to all RWHAP awards (including noncompeting continuations and supplements) made on or after October 1, 2016. A technical assistance webinar for recipients and subrecipients is planned for early 2017 – additional details will be forthcoming.”

Michelle Berkoff
 HIV Care Services Grant Coordinator
 Department of State Health Services
 Tel: (512) 533-3080
 P.O. Box 149347, Mail Code 1873
 Austin, TX 78714-9347



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From: Lucas, Shelley (DSHS)
Sent: Thursday, January 05, 2017 7:10 PM
To: Vazquez, Janina (DSHS) <Janina.Vazquez@dshs.state.tx.us>; Berkoff, Michelle (DSHS) <Michelle.Berkoff@dshs.state.tx.us>
Subject: Fwd: Question re: State Services Funding

See question below. I'd like your feedback...

Shelley Lucas, MPH
 Manager, HIV/STD Prevention and Care Branch
 Texas Department of State Health Services
 P.O. Box 149347 (MC1873)
Austin, Texas 78714-9347
 Office: (512) 533-3109
 Fax: (512) 533-3172

Begin forwarded message:

From: "Williams, Victoria (County Judge's Office)" <Victoria.Williams@cjo.hctx.net>
Date: January 5, 2017 at 5:55:57 PM CST
To: "Lucas, Shelley (DSHS)" <Shelley.Lucas@dshs.state.tx.us>

Cc: Yvette Garvin - work <ygarvin@hivtrg.org>

Subject: Question re: State Services Funding

Hi Shelley,

The Houston Ryan White Planning Council would like to know if State Services funds can be used to pay for dental and vision policy premiums. This question came from our Priority and Allocations Committee.

We look forward to your reply.

With much appreciation,

Tori

Tori Williams ✉
Director, Ryan White Office of Support
2223 West Loop South, Suite 240
Houston, Texas 77027
Ph: 713-572-3724
Fx: 713-572-3740
Cell: 832 594-1929
www.rwpchouston.org

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

9/1/2016-03/31/2017

Revised:

5/2/2017

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	854	\$71,733.81	425			0
Medical Deductible	221	\$55,279.23	153			0
Medical Premium	4293	\$1,389,316.71	906			0
Pharmacy Co-Payment	1886	\$183,600.70	782			0
APTC Tax Liability	1	\$213.00	1			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	0	\$0.00	0	NA	NA	NA
Totals:	7255	\$1,700,143.45	2267	0	\$0.00	

Comments: This report represents services provided under all grants.

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1617 DSHS State Services
Procurement Report
September 1, 2016 - August 31, 2017



Chart reflects spending through March 2017

Spending Target: 58%

Revised 5/12/2017

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Mental Health Services*	\$300,000	15%		\$300,000	15%	9/1/2016	\$133,985	45%
7	Health Insurance Premiums and Cost Sharing**	\$1,043,312	53%		\$1,043,312	53%	9/1/2016	\$582,735	56%
9	Hospice ***	\$414,832	21%		\$414,832	21%	9/1/2016	\$159,060	38%
11	EIS - Incarcerated	\$166,211	8%		\$166,211	8%	9/1/2016	\$90,791	55%
16	Linguistic Services	\$48,000	2%		\$48,000	2%	9/1/2016	\$33,625	70%
Total Houston HSDA		1,972,355	100%	\$0	\$1,972,355	100%		1,000,196	51%

* Service utilization is lagging

** HIP - Funded by Part A,B, and State Services. Provider is spending grant funds before grant ending date.

Ending dates: Part A 02/29/17, Part B 03/31/17, State Services 8/31/17

*** The agency has seen a drop in clients and is currently performing outreach to increase spending

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1617 Ryan White Part B
Procurement Report
April 1, 2016 - March 31, 2017



Reflects spending through March 2017

Spending Target: 100%

Revised 5/12/2017

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Oral Health Care***	\$2,120,346	64%	(\$34,781)	\$2,085,565	64%	4/1/2016	\$1,815,322	86%
7	Health Insurance Premiums and Cost Sharing	\$976,885	29%	(\$16,122)	\$960,763	29%	4/1/2016	\$960,633	98%
9	Home and Community Based Health Services**	\$232,000	7%	(\$3,840)	\$228,160	7%	4/1/2016	\$165,680	71%
Total Houston HSDA		3,329,231	100%	(\$54,743)	\$3,274,488	100%		2,941,635	88%

* Amendment-Reduction in award amount and each service category has been reduced proportionately

** HCBH has had a low census. Census has been impacted by clients being out with extended illnesses.

Focusing on outreach activities in order to increase census, which should coincide with an increase in Ryan White spending.

*** One provider had a vacant dentist position but is currently filling the vacancy while the other provider has some back billing.

HIV/AIDS BUREAU POLICY 16-02

Emergency Financial Assistance

Description:

Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

Program Guidance:

Direct cash payments to clients are not permitted.

It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through emergency financial assistance.

See AIDS Drug Assistance Program Treatments, AIDS Pharmaceutical Assistance, and other corresponding categories

Referral for Health Care and Support Services

Description:

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance:

Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

FY 2018 Priority Setting Process

(Priority and Allocations Committee approved 02-23-17)

1. Agree on the principles to be used in the decision making process.
2. Agree on the criteria to be used in the decision making process.
3. Agree on the priority-setting process.
4. Agree on the process to be used to determine service categories that will be considered for allocations. (This is done at a joint meeting of members of the Quality Improvement, Priority and Allocations and Affected Community Committees and others, or in other manner agreed upon by the Planning Council).
5. Staff creates an information binder containing documents to be used in the Priority and Allocations Committee decision-making processes. The binder will be available at all committee meetings and copies will be made available upon request.
6. Committee members attend a training session to review the documents contained in the information binder and hear presentations from representatives of other funding sources such as HOPWA, Prevention, Medicaid and others.
7. Staff prepares a table that lists services that received an allocation from Part A or B or State Service funding in the current fiscal year. The table lists each service category by HRSA-defined core/non-core category, need, use and accessibility and includes a score for each of these five items. The utilization data is obtained from calendar year CPCDMS data. The medians of the scores are used as guides to create midpoints for the need of HRSA-defined core and non-core services. Then, each service is compared against the midpoint and ranked as equal or higher (H) or lower (L) than the midpoint.
8. The committee meets to do the following. This step occurs at a single meeting:
 - Review documentation not included in the binder described above.
 - Review and adjust the midpoint scores.
 - After the midpoint scores have been agreed upon by the committee, **public comment** is received.
 - During this same meeting, the midpoint scores are again reviewed and agreed upon, taking public comment into consideration.
 - Ties are broken by using the first non-tied ranking. If all rankings are tied, use independent data that confirms usage from CPCDMS or ARIES.
 - By matching the rankings to the template, a numerical listing of services is established.
 - Justification for ranking categories is denoted by listing principles and criteria.
 - Categories that are not justified are removed from ranking.
 - If a committee member suggests moving a priority more than five places from the previous year's ranking, this automatically prompts discussion and is challenged; any other category that has changed by three places may be challenged; any category that moves less than three places cannot be challenged unless documentation can be shown (not cited) why it should change.
 - The Committee votes upon all challenged categorical rankings.
 - At the end of challenges the entire ranking is approved or rejected by the committee.

(Continued on next page)

9. At a subsequent meeting, the Priority and Allocations Committee goes through the allocations process.
10. Staff removes services from the priority list that are not included on the list of services recommended to receive an allocation from Part A or B or State Service funding. The priority numbers are adjusted upward to fill in the gaps left by services removed from the list.
11. The single list of recommended priorities is presented at a Public Hearing.
12. The committee meets to review public comment and possibly revise the recommended priorities.
13. Once the committee has made its final decision, the recommended single list of priorities is forwarded as the priority list of services for the following year.

Setting Priorities

Table 1 below serves as an initial guide for the prioritization process. Services have been ranked based upon needs assessment survey information collected in 2014

Table 1: Prioritizing Needs								
Possible Scenarios	1	2	3	4	5	6	7	8
<i>Need</i>	High	High	High	High	Low	Low	Low	Low
<i>Use</i>	High	High	Low	Low	High	High	Low	Low
<i>Ease in Accessing</i>	Low	High	Low	High	Low	High	High	Low
<ol style="list-style-type: none"> 1. HHL – Clients indicate this as a high need and that it is readily used in the area. However, clients indicate that the service is difficult to access. 2. HHH - Clients indicate this as a highly needed service in the area. Clients also indicate that the service is readily used in their area and high access to service. Thus, ranking it second highest to ensure that this service continues to be accessible. 3. HLL – Clients indicate this as a high need, but the service is not readily used in the area. In addition, clients indicate that the service is not very accessible. 4. HLH – Clients indicate this as a high need and that the service is not readily used. However, clients indicate a high access to this service. 5. LHL – Clients indicate this as a low service need, but that it is readily used. However, clients indicate the service is difficult to access. 6. LHH – Clients indicate this as a low need, and that it is readily used in the area. In addition, clients indicate a high access to this service. 7. LLH – Clients indicate this as a low need and that the service is not readily used. In addition, clients indicate a high access to this service. It is there if needed. 8. LLL – Clients indicate this as a low need and the service is not readily used in the area. In addition, clients indicate difficulty to accessing this service. Not readily needed nor used thus low priority of having it accessible. 								

Criteria for Determining FY 2015 Service Priorities
(DRAFT May 18, 2017)

Type	Definition	Data Source	Example
1. Need*	<p>Proportion of PLWHA reporting a need for the service in the past 12 months.</p> <p><u>Calculation:</u> Total number of needs assessment participants reporting a need for the service in the past 12 months, including both ease (a) and difficulty (b) to access, divided by the total number of respondents (N) to the service category: $(a+b)/N=\%$ (rounded)</p>	Needs Assessment	<p><i>Primary care:</i> 491 needs assessment participants reported they needed primary care and it was easy to access; 87 reported they needed primary care and it was difficult to access, for a total of 578 participants who needed primary care. A total of 664 participants responded to the primary care survey question. Therefore, the percent needing primary care is 87% (or 578/664).</p>
2. Use	<p>Number of PLWHA who received the service in the past 12 months.</p> <p><u>Calculation:</u> Total number of unduplicated clients served in each service category for the designated calendar year (January 1 to December 31)</p>	CPCDMS	<p><i>Primary care:</i> 7,000 persons were served in primary care in calendar year 2013. Therefore, the value for use is 7,000.</p>
3. Accessibility*	<p>Proportion of PLWHA reporting a need for the service in the past 12 months who also reported the service was easy to access.</p> <p><u>Calculation:</u> Total number of needs assessment participants reporting they needed the service and it was easy to access (a) divided by the total number of participants reporting a need for the service in the past 12 months regardless of ease (a) or difficulty (b): $a/(a+b)=\%$ (rounded)</p>	Needs Assessment	<p><i>Primary care:</i> A total of 578 participants reported a need for primary care (regardless of ease or difficulty to access). Of this total, 491 reported that primary care was easy to access. Therefore, the accessibility rating for primary care is 85% (or 491/578).</p>

*This methodology will be used for all Service Categories measured explicitly in the 2014 Houston Area HIV/AIDS Needs Assessment. This excludes Non-Medical Case Management, which was not surveyed explicitly. For Non-Medical Case Management, an alternate methodology based on data availability will be used as follows:

- Need: Proportion of needs assessment participants diagnosed in the past 12 months (newly-diagnosed) who reported receipt of service linkage
- Accessibility: Proportion of participants diagnosed in the past 12 months (newly-diagnosed) who reported being linked to HIV medical care within 90 days

Worksheet for Determining FY 2017 Service Priorities – includes Committee changes made on 05/27/16

Core Services	HL Scores	HL Rank	Approved FY 2015 & FY 2016 Priorities	Proposed FY 2017 Priorities	Justification
Ambulatory/Outpatient Medical Care	HHH	2	1	1	Service Priorities are the same in FY 2015, FY 2016 and FY 2017 because there is no new needs assessment data or significant additional data.
Medical Case Management	HHH	2	2	2	
Local Pharmacy Assistance Program	HHH	2	3	3	
Oral Health Services	HHH	2	4	4	
Mental Health Services	HLH	4	5	5	
Health Insurance	LHH	6	6	6	
Day Treatment	LLH	7	7	7	
Substance Abuse Treatment	LLH	7	8	8	
Early Intervention Services (jail)	LLL	8	9	9	
Medical Nutritional Therapy	LLL	8	10	10	
Hospice*	-	-	11	11	

Support Services	HL Scores	HL Rank	Approved FY 2015 & FY 2016 Priorities	Proposed FY 2017 Priorities	Justification
Outreach*				12	Due to 64% retention rates and a Comprehensive Plan goal of 85%, make this service the first priority among support services.
Non-medical case management	HHH	2	12	13	
Medical Transportation	LHH	6	13	14	
Linguistics Services	LLH	7	14	15	
Other Professional Services	LLL	8	15	16	

*Hospice and Outreach do not have HL Score or HL Rank as they were not included in the 2014 Needs Assessment service category need and accessibility rankings.

CONTROL #4 Workgroup Recommended

FY 2018 Houston EMA/HSDA Ryan White Part A Service Definition Emergency Financial Assistance – Pharmacy Assistance (Revised April 2017)	
HRSA Service Category Title: RWGA Only	Emergency Financial Assistance
Local Service Category Title:	Emergency Financial Assistance – Pharmacy Assistance
Budget Type: RWGA Only	Hybrid Fee-for-Service
Budget Requirements or Restrictions: RWGA Only	Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through emergency financial assistance.
HRSA Service Category Definition: RWGA Only	<i>Emergency Financial Assistance</i> provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.
Local Service Category Definition:	Emergency Financial Assistance – Pharmacy Assistance provides limited one-time and/or short-term 14-day supply of pharmaceuticals to patients otherwise ineligible for medications through private insurance, Medicaid/Medicare, State ADAP, SPAP or other sources. One refill for up to 14-day supply available with RWGA prior approval. Allowable medications are only those on the Houston EMA Ryan White Part A Formulary. HIV-related medication services are the provision of physician or physician-extender prescribed HIV medications to prevent serious deterioration of health. Does not include drugs available to the patient from other programs or payers or free of charge or medications available over the counter (OTC) without prescription. Contractor must offer all medications on the Texas ADAP formulary.
Target Population (age, gender, geographic, race, ethnicity, etc.):	Services will be available to eligible HIV-infected clients residing in the Houston EMA/HSDA.
Services to be Provided:	Contractor must: Provide pharmacy services on-site or through an established contractual relationship that meets all requirements. Alternate (off-site) approaches must be approved prior to implementation by RWGA. Either directly, or via subcontract with an eligible 340B Pharmacy program entity, must: Ensure a comprehensive financial intake application to determine client eligibility for this program to insure that these funds are used as a last resort for purchase of medications. Ensure the documented capability of interfacing with the Texas HIV Medication Program operated by the Texas Department of State Health Services. This

	<p>capability must be fully documented and is subject to independent verification by RWGA. Ensure medication assistance provided to clients does not duplicate services already being provided in the Houston area. The process for accomplishing this must be fully documented and is subject to independent verification by RWGA. Ensure, either directly or via a 340B Pharmacy Program Provider, at least 2 years of continuous documented experience in providing HIV/AIDS medication programs utilizing Ryan White Program or similar public sector funding. This experience must be documented and is subject to independent verification by RWGA. Ensure all medications are purchased via a qualified participant in the federal 340B Drug Pricing Program and Prime Vendor Program, administered by the HRSA Office of Pharmacy Affairs. Note: failure to maintain 340B or Prime Vendor drug pricing may result in a negative audit finding, cost disallowance or termination of contract awarded. Contractor must maintain 340B Program participation throughout the contract term. All eligible medications must be purchased in accordance with Program 340B guidelines and program requirements. Ensure Houston area HIV/AIDS service providers are informed of this program and how the client referral and enrollment processes functions. Contractor must maintain documentation of such marketing efforts. Implement a consistent process to enroll eligible patients in available pharmaceutical company Patient Assistance Programs prior to using Ryan White Part A funded Emergency Financial Assistance – Pharmacy Assistance or LPAP resources. Ensure information regarding the program is provided to PLWHA, including historically underserved and unserved populations (e.g., African American, Hispanic/Latino, Asian, Native American, Pacific Islander) and women not currently obtaining prescribed HIV and HIV-related medications.</p>
Service Unit Definition(s): RWGA Only	A unit of service = a transaction involving the filling of a prescription or any other allowable HIV treatment medication need ordered by a qualified medical practitioner. The transaction will involve at least one item being provided for the client, but can be any multiple. The cost of medications provided to the client must be invoiced at actual cost.
Financial Eligibility:	Refer to the RWPC's approved <i>FY 2017 Financial Eligibility for Houston EMA/HSDA Services</i> .
Client Eligibility:	PLWHA residing in the Houston EMA (prior approval required for non-EMA clients).
Agency Requirements:	Contractor must provide all required program components - Primary Medical Care, Medical Case Management, Service Linkage (non-medical Case Management), Local Pharmacy Assistance Program (LPAP), and Emergency Financial Assistance-Pharmacy services.
Staff Requirements:	Must meet all applicable Houston EMA/HSDA Part A/B Standards of Care.
Special Requirements: RWGA Only	Not Applicable.

FY 2018 RWPC “How to Best Meet the Need” Decision Process

Step in Process: Council		Date: 06/08/17
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Steering Committee		Date: 06/01/17
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Quality Assurance Committee		Date: 05/18/17
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: HTBMTN Workgroup		Date: 04/17/17
Recommendations:	Financial Eligibility:	
1. Accept the proposed local service category definition for Pharmacy Assistance with the following: change ‘7-day supply’ to ‘14-day supply with the option for a one-time 14-day refill if needed, with RWGA approval’.		
2.		
3.		

REVISÉD: 4/19/2017

Revised 04/27/17
\$108,780

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)				Outpatient/Ambulatory Medical Care	Control No. <u>1</u>	
D.	Request for Increase under (check one):		Part A: <input checked="" type="checkbox"/> X	or	MAI: <input type="checkbox"/>		
	Request Period (check one):		April: <input checked="" type="checkbox"/> X	August: <input type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>	
E.	Amount of additional funding Requested:		\$124,850.00				
F.	Unit of Service: (list only those units and disbursements where an increase is requested)		a. Number of units in <u>current</u> contract:	b. Cost/unit	c. Number of <u>additional</u> units requested:	d. Total: (b x c)	
	1. Pcare Visits by Physician/Physician Extender		2273	\$275.00	454	\$124,850.00	
	2.					\$0.00	
	3.					\$0.00	
	4.					\$0.00	
	5.					\$0.00	
	6.					\$0.00	
	7.					\$0.00	
	8. Disbursements (list current amount in column a. and requested amount in column c.)			N/A		\$0.00	
	9. Total additional funding (must match E. above):		\$124,850.00				
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.		a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male
	1. Number of clients that received this service under Part A (or MAI) in FY 2016.* (March 1, 2016 - February 28, 2017) *If agency was funded for service under Part A (or MAI) in FY 2016 - If not, mark these cells as "NA"		2232	44%	19%	37%	83%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2017. a. April Request Period = Not Applicable b. August Request Period = 03/01/17 - 06/30/17 c. October Request Period = 03/01/17 - 09/30/17 d. 4th Qtr. Request Period = 03/01/17 - 11/30/17						

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:			The agency has a large number of Ryan White patients seeking primary care services, and this requested funding will allow the agency to sufficiently meet the continued demands for new Ryan White patients.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	2	2	The agency has a large number of Ryan White patients seeking primary care services, and this requested funding will allow the agency to sufficiently meet the continued demands for existing Ryan White patients.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	1	1	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.	
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcuphes.org				

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA SERVICE UTILIZATION REPORT

[Agency]: [Grant]: [Service]: [Service Performer]: 0

Services performed between 3/1/16 and 2/28/17¹

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: ALL [Sub Cats 1]: INFEC, PHEXT [Contract 2]: n/a [Sub Cats 2]: All

[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No³

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	8	0	8	3	0	3	11	0	11
	20-24	100	2	98	20	0	20	120	2	118
	25-34	292	7	285	57	4	53	349	11	338
	35-44	160	6	154	92	0	92	252	6	246
	45-54	136	2	134	66	1	65	202	3	199
	55-64	49	0	49	19	3	16	68	3	65
	65+	5	0	5	6	0	6	11	0	11
	SubTotals:	750	17	733	263	8	255	1,013	25	988
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1
	25-34	14	0	14	3	0	3	17	0	17
	35-44	10	0	10	1	0	1	11	0	11
	45-54	8	0	8	1	0	1	9	0	9
	55-64	0	0	0	1	0	1	1	0	1
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	33	0	33	6	0	6	39	0	39
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	3	1	2	1	0	1	4	1	3
	25-34	6	1	5	0	0	0	6	1	5
	35-44	4	0	4	0	0	0	4	0	4
	45-54	2	2	0	0	0	0	2	2	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	15	4	11	1	0	1	16	4	12
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1
	25-34	2	1	1	0	0	0	2	1	1
	35-44	2	0	2	2	0	2	4	0	4
	45-54	1	0	1	0	0	0	1	0	1
	55-64	0	0	0	1	1	0	1	1	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	6	1	5	3	1	2	9	2	7
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0
	45-54	1	0	1	0	0	0	1	0	1
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	1	0	1	0	0	0	1	0	1
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	4	3	1	2	1	1	6	4	2
	20-24	63	44	19	3	3	0	66	47	19
	25-34	343	233	110	19	12	7	362	245	117
	35-44	282	194	88	38	32	6	320	226	94
	45-54	274	154	120	31	20	11	305	174	131
	55-64	73	21	52	9	6	3	82	27	55
	65+	12	5	7	1	1	0	13	6	7
	SubTotals:	1,051	654	397	103	75	28	1,154	729	425
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	12	3	9	5	1	4	17	4	13
	20-24	168	47	121	24	3	21	192	50	142
	25-34	657	242	415	79	16	63	736	258	478
	35-44	458	200	258	133	32	101	591	232	359
	45-54	422	158	264	98	21	77	520	179	341
	55-64	122	21	101	30	10	20	152	31	121
	65+	17	5	12	7	1	6	24	6	18
	SubTotals:	1,856	676	1,180	376	84	292	2,232	760	1,472

Clients Served This Period

Unduplicated clients:	2232
Client visits: ³	5871
Spanish speaking (primary language at home) clients served:	354
Deaf/hard of hearing clients served:	58
Blind/sight impaired clients served:	128
Homeless clients served:	720
Transgender M to F clients served:	21
Transgender F to M clients served:	1
Clients served this period who live w/in Harris County:	2086
Clients served this period who live outside Harris County:	146
Active substance abuse clients served:	54
Active psychiatric illness clients served:	178

Methods of Exposnre (not mutually exclusive)

Perinata/Transmission	17
Hemophilia Coagulation	5
Transfusion	12
Heterosexual Contact	475
MSM (not IDU)	1043
IV Drug Use (not MSM)	47
MSM/IDU	10
Multiple Exposure Categories	61
Other risk	622
<u>Multi-Race Breakdown</u>	
ASN,WHT	1
BLK,NTV	2
BLK,NTV,WHT	1
BLK,WHT	10
HWN,WHT	1
NTV,HWN,WHT	1

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	Outpatient/Ambulatory Primary Care				Control No.	2
D.	Request for Increase under (check one):	Part A: X	or	MAI:			
	Request Period (check one):	April: X	August:	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:						
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. MD/PE	768	\$275.00	359	\$98,725.00		
	2. Psychiatry	39	\$130.00	83	\$10,790.00		
	3. Diagnostics				\$15,485.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00		
	9. Total additional funding (must match E. above):					\$125,000.00	
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2016.* (March 1, 2016 - February 28, 2017) *If agency was funded for service under Part A (or MAI) in FY 2016 - if not, mark these cells as "NA"	1023 838	52% 50%	8.00% 8%	38% 40%	71%	29%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2017. a. April Request Period = Not Applicable b. August Request Period = 03/01/17 - 06/30/17 c. October Request Period = 03/01/17 - 09/30/17 d. 4th Qtr. Request Period = 03/01/17- 11/30/17	N/A	N/A	N/A	N/A	N/A	N/A

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	14	0	The agency plans to hire an additional MD/NP to assist with the increase in service utilization for new patients requesting Part A PCARE services. Psychiatry needs to be increased to meet demand. Increased diagnostics are needed for complex patients. However, additional funds are needed to execute this	
	2. Length of waiting time (in weeks) for an appointment for a current client:	10	0	The agency plans to hire an additional MD/NP to assist with the increase in service utilization for current patients requesting Part A PCARE services. Psychiatry needs to be increased to meet demand. Increased diagnostics are needed	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	The addition of new provider will reduce the waiting list for PLWHA requesting PCARE Part A services. This includes psychiatry and diagnostics	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	The addition of new provider will reduce the waiting list for PLWHA requesting PCARE Part A services. This includes psychiatry and diagnostics.	
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.	N/A			
	2.	N/A			
	3.	N/A			
	4.	N/A			
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcpbes.org				

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA

SERVICE UTILIZATION REPORT

[Agency]: [Grant]: RW1 [Service]: PCARE [Service Performer]: 0

Services performed between 3/1/16 and 2/28/17

[Age Group]: AgeGrp2 (condensed) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: [Sub Cats 1]:

GENO,HCRNA,PHENO,TRFL,BARM,BIOP,BONE,BRONC,CNSLT,COLON,COLPO,CONDY,CSCAN,CYST,ECHO,EGD,EKG,GI,KSBX,LCP
AP,LUMB,MAMM,MRI,RSPRC,SIGM,SONO,ULTRA,DERMA,INFEC,NEURO,OBGYN,ONCOL,OTHER,PHEXT,PODIA,PSYCH [Contract

2]: [Sub Cats 2]:

GENO,HCRNA,PHENO,TRFL,BARM,BIOP,BONE,BRONC,CNSLT,COLON,COLPO,CONDY,CSCAN,CYST,ECHO,EGD,EKG,GI,KSBX,LCP
AP,LUMB,MAMM,MRI,RSPRC,SIGM,SONO,ULTRA,DERMA,INFEC,NEURO,OBGYN,ONCOL,OTHER,PHEXT,PODIA,PSYCH

[Contract 3]: 1 [Sub Cats 3]:

GENO,HCRNA,PHENO,TRFL,BARM,BIOP,BONE,BRONC,CNSLT,COLON,COLPO,CONDY,CSCAN,CYST,ECHO,EGD,EKG,GI,KSBX,LCP
AP,LUMB,MAMM,MRI,RSPRC,SIGM,SONO,ULTRA,DERMA,INFEC,NEURO,OBGYN,ONCOL,OTHER,PHEXT,PODIA,PSYCH

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

		BIRTH GENDER								
RACE	AGE²	MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-24	37	1	36	12	0	12	49	1	48
	25-49	221	16	205	126	7	119	347	23	324
	50-64	29	1	28	19	2	17	48	3	45
	65+	0	0	0	1	0	1	1	0	1
	SubTotals:	287	18	269	158	9	149	445	27	418
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-24	0	0	0	0	0	0	0	0	0
	25-49	4	0	4	1	0	1	5	0	5
	50-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	4	0	4	1	0	1	5	0	5
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-24	1	0	1	0	0	0	1	0	1
	25-49	3	2	1	0	0	0	3	2	1
	50-64	0	0	0	1	1	0	1	1	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	4	2	2	1	1	0	5	3	2
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-24	0	0	0	0	0	0	0	0	0
	25-49	1	1	0	0	0	0	1	1	0
	50-64	0	0	0	1	1	0	1	1	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	1	1	0	1	1	0	2	2	0
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0
	13-24	0	0	0	0	0	0	0	0	0
	25-49	1	0	1	0	0	0	1	0	1
	50-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	1	0	1	0	0	0	1	0	1
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-24	11	10	1	7	6	1	18	16	2
	25-49	237	198	39	58	44	14	295	242	53
	50-64	53	36	17	14	12	2	67	48	19

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	301	244	57	79	62	17	380	306	74
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-24	49	11	38	19	6	13	68	17	51
	25-49	467	217	250	185	51	134	652	268	384
	50-64	82	37	45	35	16	19	117	53	64
	65+	0	0	0	1	0	1	1	0	1
	SubTotals:	598	265	333	240	73	167	838	338	500

Clients Served This Period

Unduplicated clients: 838
 Client visits: ³ 3611
 Spanish speaking (primary language at home) clients served: 224
 Deaf/hard of hearing clients served: 0
 Blind/sight impaired clients served: 0
 Homeless clients served: 342
 Transgender M to F clients served: 28
 Transgender F to M clients served: 0
 Clients served this period who live w/in Harris County: 814
 Clients served this period who live outside Harris County: 24
 Active substance abuse clients served: 1
 Active psychiatric illness clients served: 1

Methods of Exposure (not mutually exclusive)

Perinatal Transmission 14
 Hemophilia Coagulation 1
 Transfusion 5
 Heterosexual Contact 307
 MSM (not IDU) 355
 IV Drug Use (not MSM) 13
 MSM/IDU 1
 Multiple Exposure Categories 18
 Other risk 155
Multi-Race Breakdown
 BLK,NTV 1
 BLK,WHT 4

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 2/28/17

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2016; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/15.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)							
B.	Contract Number (not provided to RWPC)							
C.	Service Category Title (per RFP) VISION				Control No.	3		
D.	Request for Increase under (check one):		Part A: X	or	MAI:			
	Request Period (check one):		April: X	August:	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:		\$50,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)		a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. VISION		755	\$100.00	500	\$50,000.00		
	2.					\$0.00		
	3.					\$0.00		
	4.					\$0.00		
	5.					\$0.00		
	6.					\$0.00		
	7.					\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		\$0.00	N/A		\$0.00		
	9. Total additional funding (must match E. above):					\$50,000.00		
G.	Number of new/additional clients to be served with requested increase.		250					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.		a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2016.* (March 1, 2016 - February 28, 2017) *If agency was funded for service under Part A (or MAI) in FY 2016 - if not, mark these cells as "NA"		918	57% (raw# = 520)	11% (raw# = 102)	30% (raw# = 273)	69% (raw# = 637)	31% (raw# = 281)
	2. Number of clients that have received this service under Part A (or MAI) in FY 2017. a. April Request Period = Not Applicable b. August Request Period = 03/01/17 - 06/30/17 c. October Request Period = 03/01/17 - 09/30/17 d. 4th Qtr. Request Period = 03/01/17- 11/30/17		Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	3-4 weeks	1-2 weeks	We would like to be able to provide new patients services within 1 week of scheduling an appointment. With the steady increase in new patient appointments the appointment times could easily be expanded to a 4-5 week appointment time without increased funding.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	2 weeks	0 weeks	We would be able to see existing patients within the same week with funding increase.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphe.org				

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA

SERVICE UTILIZATION REPORT

[Agency]: [Grant]: all [Service]: ALL [Service Performer]: 0

Services performed between 3/1/16 and 2/28/17¹

[Age Group]: AgeGrn2 (condensed) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: [Sub Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All

[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No³

RACE	AGE ²	BIRTH GENDER							
		MALE			FEMALE			BOTH GENDERS	
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0
	13-24	34	0	34	7	0	7	41	41
	25-49	240	9	231	121	2	119	361	350
	50-64	69	2	67	57	1	56	126	123
	65+	1	0	1	5	0	5	6	6
	SubTotals:	344	11	333	190	3	187	534	520
ASIAN	0-12	0	0	0	0	0	0	0	0
	13-24	0	0	0	0	0	0	0	0
	25-49	4	1	3	1	0	1	5	4
	50-64	3	1	2	1	0	1	4	3
	65+	0	0	0	0	0	0	0	0
	SubTotals:	7	2	5	2	0	2	9	7
MULTI-RACE	0-12	0	0	0	0	0	0	0	0
	13-24	1	0	1	0	0	0	1	1
	25-49	5	1	4	5	1	4	10	8
	50-64	1	1	0	0	0	0	1	0
	65+	0	0	0	0	0	0	0	0
	SubTotals:	7	2	5	5	1	4	12	9
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0
	13-24	0	0	0	0	0	0	0	0
	25-49	3	0	3	1	0	1	4	4
	50-64	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0
	SubTotals:	3	0	3	1	0	1	4	4
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0
	13-24	0	0	0	0	0	0	0	0
	25-49	1	0	1	0	0	0	1	1
	50-64	1	0	1	1	0	1	2	2
	65+	0	0	0	0	0	0	0	0
	SubTotals:	2	0	2	1	0	1	3	3
WHITE	0-12	0	0	0	0	0	0	0	0
	13-24	19	18	1	4	2	2	23	3
	25-49	183	142	41	52	34	18	235	59
	50-64	66	40	26	24	14	10	90	36
	65+	7	4	3	2	1	1	9	4
	SubTotals:	275	204	71	82	51	31	357	102
ALL RACES	0-12	0	0	0	0	0	0	0	0
	13-24	54	18	36	11	2	9	65	45

		BIRTH GENDER								
RACE	AGE ²	MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
ALL RACES	25-49	436	153	283	180	37	143	616	190	426
	50-64	140	44	96	83	15	68	223	59	164
	65+	8	4	4	7	1	6	15	5	10
	SubTotals:	638	219	419	281	55	226	919	274	645

Clients Served This Period**Methods of Exposure (not mutually exclusive)**

Unduplicated clients:	919	PerinatalTransmission	7
Client visits: ³	1670	Hemophilia Coagulation	1
Spanish speaking (primary language at home) clients served:	175	Transfusion	9
Deaf/hard of hearing clients served:	5	Heterosexual Contact	404
Blind/sight impaired clients served:	7	MSM (not IDU)	370
Homeless clients served:	207	IV Drug Use (not MSM)	10
Transgender M to F clients served:	11	MSM/IDU	0
Transgender F to M clients served:	0	Multiple Exposure Categories	31
Clients served this period who live w/in Harris County:	791	Other risk	137
Clients served this period who live outside Harris County:	128	<u>Multi-Race Breakdown</u>	
Active substance abuse clients served:	27	BLK,ASN	1
Active psychiatric illness clients served:	115	BLK,NTV	4
		BLK,WHT	5
		NTV,WHT	2

FOOTNOTES¹ Visit = time spent per client per agency per service per day² Age as of 2/28/17³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2016; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/15.

CONTROL #A Workgroup Recommended

2017 Special Idea

To be considered, this form must be received by **Tori Williams:** victoria.williams@cjo.hctx.net or Fax 713 572-3740 before the deadline of 8:00 a.m. on Monday, April 17, 2017. Thank you.

THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY

Control Number: # 2

Service Category: TBD

DESCRIPTION OF THE IDEA (this form cannot be more than one page):

Compassionate Care Rx Program

This plan would take effect approximately 7 days after that the patient's physician visit and would provide medications until ADAP (or other) coverage begins.

As DSHS has informed the HIV community, they are continuing to receive a substantial amount of funds from pharmaceutical companies in the form of rebates for medications purchased by ADAP -- approximately \$20 million annually.

_____ a non-profit organization which represents a large number of pharmaceutical companies who have joined together to offer a single, common application and prescription processing for patient assistance programs offered by all the separate companies. Initially, _____ provided this service at no cost to patients or pharmacies, however more recently they have begun requiring that an administration fee for each prescription be paid, which presents a barrier to both patients and Ryan White pharmacies.

By utilizing some of the rebate funds being paid to DSHS to pay the administrative fees to _____ for all Ryan White pharmacies, access to the _____ patient assistance program could be made available to a greater number of patients and could be administered much more easily than if each pharmacy were required to enter into a separate contract.

The Resource Group and DSHS would work together to determine the best way to administer the contract. Both organizations have indicated their willingness to pursue this idea if it receives community support.

See attached document which shows how the three funding streams involved would work together to provide seamless provision of medications to patients

LIST AND ATTACH DOCUMENTS THAT SUPPORT THIS IDEA:

Summary of Integrated Plans to Provide Continuous HIV Medications

ESTIMATED COST FOR 12 MONTHS: \$ 720,000

(over)

Summary of Integrated Plans to Provide Continuous HIV Medication

Stage of Med Coverage	Description of Plans	Amount Needed	Funding Source
Initial supply of drugs	<ul style="list-style-type: none"> At preliminary screening/eligibility visit, patient begins completing applications for and ADAP Patient receives a prescription for 7 days of ARV drugs at first visit with physician, provided results of lab tests are available, and picks up drugs on-site. After patient receives initial prescription, applications are submitted to ADAP and HP. 	Est. cost of drugs for 7-day supply: \$500 per patient x 500 patients = \$250,000 annually	Part A funds for Emergency Financial Assistance would pay cost of initial 7-day supply of drugs.
Intermediate supply of drugs while ADAP application is being processed	<ul style="list-style-type: none"> DSHS sends 30-day supply of drugs to patient within 7 days of physician visit. Patients would be allowed to utilize for up to 90 days 	For Houston HSDA: Est. 2,000 patients needing intermediate supply of drugs (newly diagnosed, changing meds, reapplying to ADAP) 2,000 x 3 Rx each x \$12 per Rx (est.) = \$720,000	DSHS (SS-R) State drug rebate funds (SS-R) would be used to cover administrative fee charged by DSHS and TRG will contract with to pay administrative fees for all Ryan White primary care providers in HSDA to have access to patient assistance program.
Ongoing supply of drugs	<ul style="list-style-type: none"> Patient picks up ADAP medications at designated pharmacy. Patient submits renewal information (attestations and reapplications) as required by DSHS. 		ADAP

April 14, 2017

(over)

CONTROL #B Workgroup Recommended

FY 2017 Houston EMA/HSDA State Services-R Service Definition AIDS Drug Assistance Program Enrollment Worker at RW Care Sites (Created Date: 4/5/2017)	
DSHS Service Category Title: TRG Only	Referral For Health Care/Support Services
Local Service Category Title:	A. Clinic-Based ADAP Enrollment Service Linkage Worker
Budget Type: TRG Only	Categorical: 1 FTE per RW Care Site; unless advised otherwise
Budget Requirements or Restrictions: TRG Only	Maximum of 10% of budget for Administrative Costs. A Full-Time Equivalent must be proposed at each clinic.
DSHS Service Category Definition: TRG Only	<i>ADAP Enrollment Worker</i> Direct a client to a service in person or through telephone, written, or other types of communication, including management of such services where they are not provided as part of Ambulatory Outpatient Medical Care or Case Management Services.
Local Service Category Definition:	<p>C. PROPOSED: AIDS Drug Assistance Program (ADAP) Enrollment Service Linkage Workers (SLWs) are collocated at Ryan-White Part A funded clinics to ensure the efficient and accurate submission of ADAP applications to the Texas HIV Medication Program (THMP). ADAP enrollment SLWs will meet with new potential and established ADAP enrollees, explain ADAP program benefits and requirements, assist clients and or staff with the submission of complete, accurate ADAP applications. ADAP enrollment SLWs will ensure all annual Re-Certifications are submitted by the last day of the client's birth month and semi-annual Attestations are completed six months later to ensure there is no lapse in ADAP eligibility and loss of benefits. Other responsibilities will include:</p> <ul style="list-style-type: none"> Track the status of all pending applications and promptly follow-up with applicants regarding missing documentation or other needed information to ensure completed applications are submitted as quickly as feasible; Maintain communication with designated THMP staff to quickly resolve any missing or questioned application information or documentation to ensure any issues affecting pending applications are resolved as quickly as possible; <p>ADAP Enrollment workers will maintain relationships through the Ryan White ADAP Network (RWAN).</p> <p>Guidelines and or instructions will vary according to agency internal processes and as agreed upon by the AA.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV/AIDS infected individuals residing within the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	<p>Meet with new potential and established ADAP enrollees; explain ADAP program benefits and requirements; and assist clients and or staff with the submission of complete, accurate ADAP applications, including but not limited to:</p> <ul style="list-style-type: none"> Identifying and screening clients including screening for third party payer and potential abuse; completing the comprehensive THMP intake including determination of client eligibility for the ADAP program in accordance with the THMP eligibility policies including Modified Adjusted Gross Income (MAGI).

	<ul style="list-style-type: none"> • Obtain, maintain, and submit the required documentation for client application including residency, income, and the THMP Medical Certification Form (MCF). • Conduct the 6-month attestations for all enrolled clients in accordance with THMP policies. Obtain, maintain, and submit to THMP all updated eligibility documentation. • Conduct annual Re-Certifications for enrolled clients in accordance with THMP policies. Obtain, maintain, and submit to THMP all updated eligibility documentation. • Proactively contact current ADAP enrollees 60-90 days prior to the enrollee's re-certification or attestation deadline to ensure all necessary documentation is gathered to complete the re-certification/attestation on or before the deadline. • Ensure annual Re-certifications are submitted by the last day of client's birth month and semi-annual Attestations are completed six months later to ensure there is no lapse in ADAP eligibility and loss of benefits. <p>Provide initial education to applicants about the THMP including, but not limited to:</p> <ul style="list-style-type: none"> • Discuss the confidentiality of the process including that THMP regards all information in the application as confidential and the information cannot be released, except as allowed by law or as specifically designated by the client. Applicants should realize that their physician and pharmacist would also be aware of their diagnosis. • Discuss how applicants who have been approved by the THMP for assistance may be required to pay a \$5.00 co-payment fee per prescription to the participating pharmacy for each month's supply at the time the drug is dispensed and the availability of financial assistance for the dispensing fee. • Discuss how applicants who are eligible for Medicaid assistance benefits must first utilize and exhaust their monthly Medicaid pharmacy benefits in order to be eligible to receive medications from the Program. Medicaid eligible applicants shall be assigned to the nearest available participating THMP pharmacy outlet to receive medication. The pharmacy will not charge the \$5.00 co-payment to the patient. • Discuss the use of participating pharmacies and the procedure for how applicants will receive medications through the program. <p>Submit completed applications via the most efficient method available (e.g. the Public Health Information Network or PHIN), including ARIES, once the document upload capability is rolled out.</p> <p>Maintain communication with designated THMP staff to quickly resolve any missing or questioned application information or documentation to ensure any issues affecting pending applications are resolved as quickly as possible.</p> <p>Participate in ongoing training and technical assistance provide by DSHS, THMP, or the RWAN.</p>
Service Unit Definition(s): TRG Only	One unit of service is defined as 15 minutes of direct client services and allowable charges.
Financial Eligibility:	Adjusted gross income less than 200% of the Federal Poverty Level* (adjusted annually).

	<p><i>* A spend-down calculation is applied to applicants' gross incomes to determine an adjusted gross income for eligibility screening.</i></p> <p>DSHS THMP Eligibility requirements https://www.dshs.texas.gov/hivstd/meds/</p>
Client Eligibility:	<p>Proof of Texas residency; Proof of being HIV-positive; Uninsured or underinsured for prescription drugs; and under the care of a Texas-licensed physician who prescribes the medication(s).</p> <p>DSHS THMP Eligibility requirements https://www.dshs.texas.gov/hivstd/meds/</p>
Agency Requirements:	<p>Agency will ensure documentation meets TDSHS and Agency requirements all activities performed on behalf of ADAP enrollees including re-certifications and attestations</p> <p>Agency will track the status of all pending applications and promptly follow-up with applicants regarding missing documentation or other needed information to ensure completed applications are submitted as quickly as feasible.</p> <p>Agency will ensure that completed applications undergo secondary review by a peer ADAP Enrollment Worker or Supervisor before submission. This peer or supervisor must meet all requirements of the ADAP enrollment service linkage worker, including required training.</p> <p>Agency will provide aggregated data regarding ADAP enrollment service linkage worker performance measures to TRG as directed.</p>
Staff Requirements:	<p>Education: To be defined locally, but must have at minimum a high school degree or equivalency;</p> <p>Experience:</p> <ul style="list-style-type: none"> • Must have documented experience (paid, internship and/or as a volunteer) working with Persons Living with HIV/AIDS or other chronic health conditions. • Experience in performing intake/eligibility, referral/linkage and/or basic assessments of client needs preferred. <p>Skills:</p> <ul style="list-style-type: none"> • Must demonstrate proficiency in the use of PC-based word processing and data entry to ensure ADAP applications and re-certifications are completed accurately in a timely manner; • Must demonstrate the ability to quickly establish rapport with clients in a respectful manner consistent with the health literacy, preferred language, and culture of prospective and current ADAP enrollees; • Must demonstrate general knowledge of, or the ability to learn, health care insurance literacy (third party insurance and Affordable Care Act (ACA) Marketplace plans); • Bilingual (English/Spanish) preferred; • AEWs working in care systems with a high prevalence of non-English speaking clients must be fluent in the preferred language of the high prevalence non-English speaking clients; <p>Training:</p> <ul style="list-style-type: none"> • Must complete all THMP ADAP training modules within 30 days of hire; • Must complete all training required of Agency new hires, including any training required by TDSHS HIV Care Services Branch Standards of Care, within established timeframes;

	<ul style="list-style-type: none"> • Must complete all annual or periodic training or re-certifications within established timeframes;
Special Requirements: TRG Only	<p>There will be 1 FTE; unless advised otherwise, placed at each funded Part A primary care clinic.</p> <p>Meet the established guidance by DSHS for the ADAP Enrollment Worker. Follow the HHSC Uniform Terms and Conditions.</p> <p>THMP regards all information in the application as confidential. No information that could identify a client (including 11-character codes) will be released, except as allowed by law or as specifically designated by the client. THMP regards the information in the application as part of the applicant's medical record. Funded agencies should have physical security and administrative controls to safeguard the confidentiality of the applications and other means of identifying the individual.</p> <p>Applications can be expedited for pregnant women, post-incarcerated persons, minors, those with CD4 counts under 100, and other special circumstances. Eligibility and access to medications for newborn infants and pregnant women is considered a program priority.</p> <p><u>Required Performance Measures</u></p> <ol style="list-style-type: none"> 1. Enroll all ADAP-eligible clients in Texas HIV Medication Program (THMP) within 30 days of initiation of care. 2. Recertify all existing clients in THMP without lapse in coverage. 3. Maintain 95-100% approval rate for initial application submissions 4. Maintain 100% Ryan White Eligibility for all Ryan White clients at the contracted agency. 5. Ensure that up-to-date eligibility information (in compliance with established guidance) is maintained for all clients served. 6. Maintain relationships through the Ryan White ADAP/Eligibility Network (RWAN) to ensure all clients on ADAP in the HSDA are submitting accurate application 7. Utilize CPCDMS and Texas PHIN databases.

Service Category Definition - DSHS State Services-R

FY 2018 RWPC “How to Best Meet the Need” Decision Process

Step in Process: Council		Date: 06/08/17
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Steering Committee		Date: 06/01/17
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Quality Assurance Committee		Date: 05/18/17
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: HTBMTN Workgroup		Date: 04/17/17
Recommendations:	Financial Eligibility:	
1. Accept the proposed local service category definition for ADAP Enrollment Workers with the understanding that it will be updated to address the different agency scenarios.		
2.		
3.		

2017 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE
(submitted April 2017)

Status of Committee Goals and Responsibilities (* means mandated by HRSA):

1. Conduct training to familiarize committee members with decision-making tools.
Status:
2. Review the final quarter allocations made by the administrative agents.
Status:
3. *Improve the processes for and strengthen accountability in the FY 2018 priority-setting, allocations and subcategory allocations processes for Ryan White Parts A and B and State Services funding.
Status:
4. When applicable, plan for specialty dollars like Minority AIDS Initiative (MAI) and special populations such as Women, Infants, Children and Youth (WICY) throughout the priority setting and allocation processes.
Status:
5. *Determine the FY 2018 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.
Status:
6. *Review the FY 2017 priorities as needed.
Status:
7. *Review the FY 2017 allocations as needed.
Status:
8. Evaluate the processes used.
Status:
9. Annually, review the status of Committee activities identified in the current Comprehensive Plan.
Status:

Status of Tasks on the Timeline:

Committee Chairperson

Date